

## **FAMILY CHECKLIST**

Parent's Name: \_\_\_\_\_

There are many ways which our Family Support Program may be able to assist you. We want **you to be in charge** of deciding what kind of support you use. To help us understand your needs and goals, please review the below resources you may want or need.

Please review the list and put a check next to any item which match needs that are important to you. After you go through the list, circle **two items** which are your top priorities **right now**. We will talk with you about how the Family Support Program may be able to help.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Having enough food for my family                                       | 26. <input type="checkbox"/> Finding a counselor for my child or family   |
| 2. <input type="checkbox"/> Paying household bills   | 27. <input type="checkbox"/> Helping my child make friends  |
| 3. <input type="checkbox"/> Having plumbing, lighting, heat  | 28. <input type="checkbox"/> Doing things I enjoy   |
| 4. <input type="checkbox"/> Getting a place to live  | 29. <input type="checkbox"/> Finding a satisfying job   |
| 5. <input type="checkbox"/> Getting furniture, clothes, toys etc. for my family                    | 30. <input type="checkbox"/> Finding out what services my child is entitled to and how to receive them                                |
| 6. <input type="checkbox"/> Completing household repairs   | 31. <input type="checkbox"/> Finding programs or organizations in my community which may be helpful to my child or family             |
| 7. <input type="checkbox"/> Getting medical insurance for my child or family                       | 32. <input type="checkbox"/> Explaining my needs to other people or organizations   |
| 8. <input type="checkbox"/> Paying medical bills   | 33. <input type="checkbox"/> Taking care of myself  |
| 9. <input type="checkbox"/> Getting medical care for my child or family                            | 34. <input type="checkbox"/> Meeting other parents who have a child with a similar challenge  |
| 10. <input type="checkbox"/> Getting information about my child's condition or treatment           | 35. <input type="checkbox"/> Introducing my child to another child or an adult with a similar challenge                               |
| 11. <input type="checkbox"/> Getting dental care for my child or family                            | 36. <input type="checkbox"/> Managing concerns about marital strain or relations in our family  |
| 12. <input type="checkbox"/> Finding equipment, supplies or therapy for my child                   | 37. <input type="checkbox"/> Expanding my education and interests   |
| 13. <input type="checkbox"/> Adapting our home for my child  | 38. <input type="checkbox"/> Managing stress  |
| 14. <input type="checkbox"/> Educating my child about his or her condition and treatment           | 39. <input type="checkbox"/> Having time with my spouse or significant other  |
| 15. <input type="checkbox"/> Arranging occasional child care                                       | 40. <input type="checkbox"/> Meeting the needs of my other children   |
| 16. <input type="checkbox"/> Getting regular day care or child care                                | 41. <input type="checkbox"/> Spending time with friends   |
| 17. <input type="checkbox"/> Getting my child involved in recreational activities in the community | 42. <input type="checkbox"/> Helping my child handle problems associated with having a disability or health condition                 |
| 18. <input type="checkbox"/> Getting summer activities (ex. job, camp) for my child                | 43. <input type="checkbox"/> Preparing my child's future (in a new school, health care, independent living, employment, college, etc. |
| 19. <input type="checkbox"/> Working out medical or physical support for my child at school        | 44. <input type="checkbox"/> Managing the daily needs of my child at home   |
| 20. <input type="checkbox"/> Getting the appropriate education plan for my child at school         | 45. <input type="checkbox"/> Other goals or needs I have for my child, myself or my family  |
| 21. <input type="checkbox"/> Transporting my child   | 46. <input type="checkbox"/>  |
| 22. <input type="checkbox"/> Traveling/vacationing with my child                                   | 47. <input type="checkbox"/>  |
| 23. <input type="checkbox"/> Promoting my child's independence                                     | 48. <input type="checkbox"/>  |
| 24. <input type="checkbox"/> Managing my child's behavior  | 49. <input type="checkbox"/>  |
| 25. <input type="checkbox"/> Educating school staff about my child's needs                         | 50. <input type="checkbox"/>  |